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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

Fee Transmittal Form (e.g., PTO/SB(17)  
(Submit an original and a duplicate for fee processing)

Application claims small entity status.  
See 37 CFR 1.27.

Specification [Total Pages, 25]   
(preferred arrangement set forth below)

- Descriptive title of the invention
- Cross Reference to Related Applications
- Statement Regarding Fee Sponsored R & D
- Reference to Prior Art, including, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claims
- Abstract of the Disclosure

Drawing(s) (35 U.S.C. 113) [Total Sheets 1]

5. Oath or Declaration [Total Sheets       ]  
a.  Newly executed (original or copy)

b.  Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)

i.  DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s)  
name in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b).

Application Data Sheet. See 37 CFR 1.76

16. If a CONTINUATING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

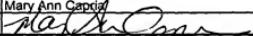
Continuation       Divisional       Continuation-in-part (CIP)      of prior application No.: Unknown, Filed 9/24/03  
DUPLICATED Ref. No. PE0673USNA

Prior application information:  
Examiner \_\_\_\_\_ Art Unit \_\_\_\_\_  
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

Customer Number: 23906      OR       Correspondence address below

Name	State	Zip Code
Address		
City	Telephone	Fax
Country		

Name (Print/Type)	Mary Ann Caprio	Registration No. (Attorney/Agent)	32,659
Signature		Date	September 25, 2003

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. TO COMMENT: Send comments by mail to: USPTO, Director, Office of the General Counsel, Washington, DC 20531, or COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 and select option 2.

22  
09/25/03  
U.S. Patent and Trademark Office  
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Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450



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# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 786.00)

## Complete if Known

Application Number	UNKNOWN
Filing Date	CONCURRENTLY HEREWITH
First Named Inventor	Che-Hsung Hsu
Examiner Name	UNKNOWN
Art Unit	UNKNOWN
Attorney Docket No.	PE0673 US CIP

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money Order  Other  None
 Deposit Account:

Deposit Account Number	04-1928
Deposit Account Name	E. I. du Pont de Nemours and Company

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee  
 to the above-identified deposit account.

## FEE CALCULATION (continued)

3. ADDITIONAL FEES  
Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051	65	Surcharge - late filing fee or oath	
1052 50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053	130	Non-English specification	
1812 2,520	1812	2,520	For filing a request for ex parte reexamination	
1804 920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251	55	Extension for reply within first month	
1252 410	2252	205	Extension for reply within second month	
1253 930	2253	465	Extension for reply within third month	
1254 1,450	2254	725	Extension for reply within fourth month	
1255 1,970	2255	985	Extension for reply within fifth month	
1401 320	2401	160	Notice of Appeal	
1402 320	2402	160	Filing a brief in support of an appeal	
1403 280	2403	140	Request for oral hearing	
1451 1,510	1,510	1,510	Petition to institute a public use proceeding	
1452 110	55	55	Petition to revive - unavoidable	
1453 1,300	2453	650	Petition to revive - unintentional	
Total Claims 22 - 20* = 2	X 18	36.00	Utility issue fee (or reissue)	
Independent Claims 3 - 3** = 0	X 84	0.00	Design issue fee	
Multiple Dependent YES	280	+	Plant issue fee	
<b>SUBTOTAL (1) (\$ 750.00)</b>				
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>				
Total Claims	Fee from table	Fee Paid		
22 - 20* = 2	X 18	36.00	Extra Claims Fee	
Independent Claims 3 - 3** = 0	X 84	0.00		
Multiple Dependent YES	280	+		
<b>SUBTOTAL (2) (\$ 36.00)</b>				

\*or number previously paid, if greater; For Reissues, see above

\*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 0.00)

## (Complete if applicable)

Name (Print/Type)	Mary Ann Capria	Registration No. (Attorney/Accred.)	32,659	Telephone	(302) 992-3749
Signature	Mary Ann Capria		Date	September 25, 2003	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-203B.

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